State: Montana

A. The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 1905 (a	(1) thro	ough(5) a	and (7) of	the Act:
Service	Ty Deduct.	pe of Char Coins.	rge Copay.	Amount and Basis for Determination
In-patient Hospital Service			х	\$100.00 per discharge from the hospital*
				* The co-payment is based on the average payment per service for In-patient Hospital Services during the state fiscal year 1993. The average payment per day is \$812.00.

TN # 94-08: Supersedes TN# 86(10)-02:

Approval ____03/03/95

Effective 4/1/94

HGFAID:

State: Montana

The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: A.

provided under section 1905 (a	a) (1) thro	ough (5) a	and (7) of	the Act:
Service	Typ Deduct.	pe of Char Coins.	rge Copay.	Amount and Basis for Determination
Out-patient Hospital Service			х	\$1.00 per line item*
				* The co-payment is based on the average payment per service for Out-patient Hospital Services during the state fiscal year 1993. The average payment per service is \$22.70.

TN # 94-08' Supersedes TN# 86(10)-02 ·

03/03/95 Approval

Effective 4/1/94

HGFAID:

State: Montana

A. The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 1905 (a	1)(1) thro	ougn (5) a	na(7) or	the Act:
Service	Tyl Deduct.	pe of Char Coins.	rge Copay.	Amount and Basis for Determination
Rural Health Clinic Service				* The co-payment is based on the average payment per unit of service for Rural Health clinic Services during the state fiscal year 1993. The average payment is \$41.30.

TN # 94-08' Supersedes TN# 86(10)-02 90-4'

Approval

03/03/95

Effective 4/1/94

HGFAID:

State: Montana

A. The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 1905 (a	i)(1) thro	ough(5) a	and (7) of	the Act:
	Ту	pe of Cha	rge	
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination
Federally Qualified Health Center Service			х	\$2.00 per unit*
				* The co-payment is based on the average payment per unit of service for Federally Qualified Health Center Service during the state fiscal year 1993. The average payment is \$48.40.

TN # 94-08'
Supersedes
TN# 86(10)-02 NEW.

Approval

03/03/95

Effective 4/1/94 ·

HGFAID:

ATTACHMEN: 4.18-C Page 1 - 2e OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

Service	Ty Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
Free Standing Dialysis Clinic Service			Х	\$2.00 per unit*
				* The co-payment is based on the average payment per unit of service for Free Standing Dialysis Clinic Service during the state fiscal year 1993. The average payment is \$86.20.
		į		

TN # 94-08' Supersedes TN# 86(10)-02 NEW.

Approval 0.3/03/95

Effective 4/1/94 ·

HGFAID:

State: Montana

The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

provided under section 1905 (a				the Acc:
Service	Ty Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
Physicians' Service	Beduce.	COINS.	х	\$2.00 per unit (except on allergy, anesthesia and 'J' codes which are \$2.00 per line)*
				* The co-payment is based on the average payment per unit of service for Physician & Mid-Leve Practitioner Services during the state fiscal year 1993. The average payment is \$32.00.

TN # 94-08 ' Supersedes TN# 86(10)-02.

Approval 03/03/95

Effective 4/1/94

HGFAID:

State: Montana

The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: A.

provided under section 1905 (a	a)(1) thro	ougn (5) a	and (/) of	the Act:
Service	Ty] Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
Licensed Clinical Psychologists' Service			х	\$1.00 per hour (\$.25 for 15 minute unit)*
				* The co-payment is based on the average payment per hour of service for Licensed Clinical Psychologists services during the state fiscal year 1993. The average payment is \$42.00.

TN # 94-08 Supersedes TN# 86(10)-02

Approval 03/03/95

Effective 4/1/94

HGFAID:

State: Montana

A. The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided	d under section 1905(a	(1) thro	$\operatorname{pugh}_{(5)}$ a	nd(7) of	the Act:
	Service	Ty] Deduct.	pe of Char Coins.	rge Copay.	Amount and Basis for Determination
Podiatrists'	Service			Х	\$2.00 per unit*
					* The co-payment is based on the average payment per unit of service for Podiatrists' Services during the state fiscal year 1993. The average payment is \$29.50.

TN # 94-08' Supersedes TN# 86(10)-02'

Approval

03/03/95

Effective 4/1/94

HGFAID:

State: Montana

B. The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Deduc.	Type of Cha	arge Copay.	Amount and Basis for Determination
Optometrists	Deduc.	Coins.	X X	\$2.00 per service*
				* The co-payment is based on the average payment per unit of service for Optometrists' Services during the state fiscal year 1996. The average payment is \$32.31.

TN	#97-015
Sup	ersedes
TN	#94-08

Approval ____/2/01/97

Effective <u>7/1/97</u>

State: Montana

A. The following charges are imposed on the Medically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Ty:	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
Mid Level Practitioner Service	Deduct.	COIMS.	х	\$2.00 per unit (except on allergy, anesthesia and 'J' codes which are \$2.00 per line)*
				* The co-payment is based on the average payment per unit of service for Physician & Mid-Level Practitioner Services during the state fiscal year 1993. The average payment is \$32.00.

TN # 94-08. Supersedes TN# 86(10)-02 N∈W.

Approval

03/03/95

Effective 4/1/94

HGFAID: